



WOMEN'S HEALTH

A CHALLENGE IN RURAL AREAS

kaani Assistance 2024 report
Republic of Congo

Our identity

Kaani is a Kongo word meaning "Hope." Created in April 2017, Kaani Assistance is a social, educational, and cultural association. It is apolitical and secular and pursues a non-profit goal. It has been registered since November 15, 2019, under the number 336/19/MID/DBZV/SG/DDAT/SR.

The Kaani Association aims to promote the development of human capital, love, and the spirit of mutual aid through the promotion of human rights. To do this, it pursues the following objectives:

- Promoting the commitment of women and girls through feminist leadership
- Promote leadership in juvenile settings;
- Work to protect the rights of the child;
- Work for community engagement;

Our Mission

Ensure that civic engagement and solidarity become standard practices among the Congolese population so that they actively participate in the change and development of the country.

Our Vision

The Kaani Assistance Association bases its action on respect for human dignity. It wants to contribute to the construction of a society in which all its members live and work in cohesion, respect the rights and duties of each person, and participate actively in the integral development of human capital.

Our Action

To achieve objectives, the Kaani Assistance Association:

- Initiates training workshops and seminars for populations (women and young people in particular); organizes conferences, debates, and artistic and cultural activities; provides multifaceted support for disadvantaged and vulnerable people;
- Conducts research through polls and surveys, with a view to collecting data and documenting questions falling within its scope of action;
- Collaborates with local authorities for the implementation of community projects
- Cooperate with any partner willing to work with her based on her vision.

Our Programs

- Women's Leadership Program
- Child protection program
- Youth Leadership and Community Engagement Program



Decree no. 2020-553 of October 15, 2020, on the assignment, organization, and operation of the management bodies of the IHCs and health posts. 1

Chapter 2: Functions

Article 8: The functions of an integrated health center are those covered by the minimum package of activities defined in Article 9 of the present decree.

Article 9: The functions of an integrated health center with a standard minimum package of activities cover preventive, curative, promotional, comforting, and rehabilitative activities, in particular :

Preventive activities: Vaccination, pre-school consultation, prenatal care, family planning, and nutritional monitoring.

Curative activities: consultation; acute and chronic care; nutritional recovery; palliative care; rehabilitative care.

Promotional activities : information, education, and communication for behavioral change, home visits, hygiene and sanitation, and drinking water supply.

Article 10: The remit of the integrated health center with a minimum package of activities extended to deliveries covers deliveries in addition to the minimum package of standard activities listed in Article 9 of the present decree.

Article 11: The remit of the integrated health center with a minimum package of activities extended to basic surgical acts concerns surgical and obstetrical interventions in addition to deliveries and the minimum package of standard activities, cited in article 9 of the present decree.

Article 12: The responsibilities of a health post are those of an integrated health center with a minimum package of standard activities as defined in article 9 of the present decree, in particular :

Providing primary care; referring patients where necessary; participating in preventive and promotional activities in the health area; carrying out any other activity on the instructions of the head of the integrated health center to which it reports.

ACKNOWLEDGMENT

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Finally, we thank the entire Kaani Association team for their commitment and dedication in producing this document.



ACRONYMS

CAMEPS	Purchasing center for essential medicines and health products
CSI	Integrated Health Center
CPN	Prenatal Consultation
HR	Reference Hospital
PF	Planning Familiar
UNFPA	United Nations Population Fund



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Executive Summary

The information in this report comes from field missions carried out by the Kaani Association in several localities, notably Goma Tsé-Tsé and Kinkala in the Pool department, Mouyondzi, Kolo, Kingoué, and Zabata in the Bouenza department, and Sembé and Elogo in the Sangha department. These missions made it possible to collect data on the health needs of local communities.

Indeed, since July 2023, the Kaani Association, with NED (The National Endowment for Democracy), has been implementing the project "Promotion of solidarity between women and strengthening of citizen control over the health system in rural areas. With two primary objectives, the action implementation is the heart of our mission as an association. These include:

- supporting women in rural areas in the creation of community health mutuals, structures within which they can come together to facilitate access to care for their members, and advocating for the improvement of health services.
- Empower women in rural communities, making them critical actors of change and giving them the means to make their voices heard in local decision-making processes.

The project took root in the locality of Goma Tsé-Tsé, where the first mutual, called "Mama Télama," was created thanks to the active support of the local health center and its Health Committee. This mutual fund represents much more than a simple mechanism for financing health in the community. She embodies a model of female empowerment on the one hand, in which women take control of their health destiny and that of their community on the other. This model is now being extended in other localities, notably Kolo in Bouenza and Elogo in Sangha, where the first meetings with the communities have already taken place, laying the foundations for the future installation of new mutual societies.

The initiative of the community health mutual "Mama Télama" is part of the broader framework of the Women's Leadership Program of the Kaani Assistance Association. This program aims for the development of women and aspires to create an environment where the latter can play a central role in decision-making. By placing women at the heart of this initiative, Kaani Assistance not only promotes access to health care, but the association also strengthens the empowerment of women by placing them at the heart of community decisions.

This initiative reflects the association's commitment to creating sustainable structures that enable women to play an active role in the development of their communities while improving their well-being and that of their families. Thus, this project is not limited only to responding to immediate health needs, but it is part of a long-term vision of social transformation, where women are the drivers of change and development.

The field missions carried out by the association in the localities mentioned above made it possible to draw up a picture of the challenges that local populations face in terms of health. One of the main difficulties encountered is minimal access to health care due to inadequate infrastructure, a shortage of medical personnel, and often prohibitive costs for families.

Women, in particular, suffer the consequences of this situation, often being the first to have to sacrifice their health to provide for their families. These are the reasons why the community health mutual initiative is so crucial: it offers a concrete solution to overcome these obstacles by pooling resources and improving access to care for all.

The development of community mutual health insurance, therefore, represents a fundamental pillar of Kaani Assistance's strategy to improve access to care in rural areas sustainably. In addition to providing health coverage, these mutuals are designed to strengthen the resilience of communities in the face of health challenges by creating solidarity networks that make it possible to better cope with crises and unforeseen events. These participatory structures also encourage constructive dialogue between communities and local authorities, thus promoting community participation in the definition of local health policies.

The establishment of these mutual societies is accompanied by a sustained effort to strengthen the capacities of women through training in mutual management, advocacy, and defense of rights. These training courses aim to provide women with the skills necessary to effectively manage these structures while encouraging them to become more involved in local decision-making bodies. In this way, the Kaani Assistance Project not only contributes to improving access to care but also promotes greater participation of women in public life, thus strengthening their role as leaders in their communities.

The successful establishment of the "Mama Télama" mutual in Goma Tsé-Tsé is testimony to the impact that this project can have on the ground. The women of this community, which was the first to organize around this mutual, have already made efforts to improve the healthcare offered in Goma tsé-tsé and strengthen solidarity between members.

Through this project, the Kaani Association shows that it is possible to create positive and lasting dynamics in contexts often marked by precariousness and isolation. Investing in women's empowerment and promoting community solidarity paves the way for fairer and more inclusive development, where every member of the community can actively participate in building a better future.

Introduction





Laboratoire du CSI de
Kingoue

Introduction

The right to health is a fundamental human right that must be guaranteed to every citizen, regardless of their social status. In the Republic of Congo, the right to health remains a worrying subject. If access to health care is already a significant concern for the population in urban areas, the situation is more than deplorable in rural areas. This situation significantly affects women who have particular health needs.

In fact, women do not have access to adequate care; they give birth in precarious conditions and do not receive the necessary medical monitoring before, during, and after childbirth. Access to health services, particularly primary health care and the prevention and treatment of childhood illnesses, is difficult and almost non-existent in some rural regions. In addition, the lack of suitable infrastructure, technical platforms and the unavailability of medicines are challenges that populations must face in these localities.

Despite the efforts made by those in power, the issue of maternal and child health remains alarming. The Ministry of Health, in its 2022 report entitled Surveillance of maternal, neonatal, and infant deaths in the Republic of Congo, reports an evolving curve of maternal mortality, going from 195 to 302 between 2010 and 2022 (p.41). According to this report, most of these deaths could have been avoided if women had benefited from better health care and if access to family planning services had been ensured. In 2022, 2,514 children aged 0 to 11 months died, representing an infant mortality rate of 34.47 deaths per 1,000 live births p.72.

<https://www.afro.who.int/sites/default/files/2024-05/surveillance%20des%20d%C3%A9c%C3%A8s%20.pdf>





Discussion avec les agents du CSI et la communauté de ZABATA

Presentation of the health districts concerned

Pool Department

Kinkala +

Kinkala is the prefecture of the Pool department in the Republic of Congo. The city is connected by the Nationale 1 (N1), a road to Brazzaville.

Kinkala Health District: Health area 55,101 inhabitants

Goma tsé-tsé +

Goma Tsé-Tsé is a locality located in the Pool department along the Congo-Ocean railway, capital of the district of the same name.

Goma tsé-tsé health district: Health area of 40,364 inhabitants.

Department of Bouenza

kolo +

Kolo is a locality located nearly 5 kilometers from the urban commune of Mouyondzi.

Kolo Health District: Health area of 3,707 inhabitants spread over 12 villages.

Kingoué +

Kingoué is a locality located in the Bouenza department, nearly 45 kilometers from the town. Mouyondzi.

Kingoue health district: Health area of 14,468 inhabitants.

Zabata +

Zabata is located in the Bouenza department, more than 40 kilometers from the Mouyondzi commune.

Zabata Health District: Health area of 9,414 inhabitants.

Sembé / Souanké +



A photograph showing two women in white uniforms walking away from the camera on a dirt path. They are heading towards a building with blue and white walls, identified as the Mouyoundzi reference hospital. The path is flanked by green grass and large trees. The sky is blue with scattered white clouds. The woman on the left has a red sash, and the woman on the right is carrying a bag.

Working methodology

In order to respond to the significant challenges linked to access to health care for mothers and children, the Kaani Association carried out field missions in different localities. These interventions made it possible to engage in direct dialogue with communities, to understand their specific needs, and to propose solutions adapted to their contexts. The objectives that guided these missions were to:

External view of the MOUYOUNDZI reference hospital

Take stock of the local health system, particularly the functioning of maternity wards

This diagnosis helped to highlight existing gaps in health infrastructure and health service management, particularly with regard to women's access to health care. Indeed, a central axis of Kaani's missions has been listening to women in order to identify their specific needs in terms of access to health services. This approach revealed issues related to the availability and quality of care, particularly with regard to maternal health, family planning, and access to basic services.

1

Mobilization for the creation of community health mutuals

Faced with the difficulties of accessing care in rural areas, Kaani also worked to raise awareness and mobilize women for the creation of community health mutuals. These mutual societies offer a solidarity alternative to meet health needs while strengthening citizen control over the services offered.

2

Working methods used

To achieve these objectives, the association used various participatory and inclusive approaches:

Interviews with local authorities

Discussions with local officials provided a better understanding of the political, social, and economic dynamics influencing the health system. These meetings also facilitated the organization of meetings with the communities.

1

Interviews with health center staff

Dialogue with healthcare staff was essential to gaining insight into the management of health centers, the challenges they face, and the resources available. These interviews contributed to a more detailed understanding of training, equipment, and personnel needs.

2

Community meetings with women

Women, the primary beneficiaries of Community Health Mutuals, were directly involved through community meetings. These discussion sessions promoted better community ownership of the project. In conclusion, this methodology, based on inclusiveness and collaboration with local stakeholders, allowed the Kaani Association to lay the foundations for a sustainable response to health issues in rural areas. The active participation of women in this process was at the heart of the approach, thus helping to strengthen their role in local governance and improve their access to health services.

3

Documented concerns

In all the localities affected by the project, the problems identified are almost identical, ranging from conditions in maternity wards (2.1) to the absence of family planning programs (2.2). To this must be added cases of violence against women (2.3) as well as total ignorance of their rights, which prevents them from defending themselves against inequalities (2.4).



Bad conditions of maternity wards in the localities surveyed

In rural areas, the situation of maternity hospitals is alarming. It is marked by poor infrastructure and a glaring lack of equipment necessary to ensure deliveries are in optimal hygienic conditions.



Emergency room of Moyndzi
Reference Hospital

In Goma Tsé-tsé

At the Goma tsé-tsé health center, only one delivery bed is available to serve the dozen villages. This center also suffers from an absence of qualified medical personnel and an adequate technical platform. In addition, the lack of electricity forces midwives to carry out night deliveries using flashlights.

“

« Night births are complicated because we have to use the light from our phones to help women give birth, » Testifies a midwife

”

In Kolo

Located about 5 kilometers from Mouyoundzi, the Kolo integrated health center is abandoned. The challenges in terms of access to care are considerable. During daily consultations, we mainly meet women and children, with a few rare cases of men. The only equipment available, a microscope, is unusable due to a lack of technicians and electricity. Legacy of a Swedish mission, this CSI does not respect any modern standards of access to health care. It is made up of three dilapidated buildings: a pavilion for curative consultations, another for the delivery unit, and two hospitalization rooms. The delivery unit only has two beds, one of which is out of service, making it impossible to handle two deliveries simultaneously. Without electricity, nighttime deliveries are carried out by the light of staff phones, which is both uncomfortable and dangerous, potentially endangering the lives of both mother and child.

Prenatal monitoring is also a problem due to the lack of an on-site laboratory. Pregnant women must go to the Mouyoundzi reference hospital located approximately 5 km away or to the base hospital in the departmental capital in Madingou. It is a difficult journey for a low-income population for a transport cost of 1000 CFA francs and more. Among the 39 women interviewed, 11 admitted to not having had any prenatal consultation, while 10 of them presented late, between 28 and 31 weeks of amenorrhea.

“

« We have no money for prenatal consultation, which is why we stay at home when we are pregnant. » Testimony of a woman.

”

In Zabata

In Zabata, the situation is just as worrying. The defective roof of the only building housing the integrated health center reflects the precarious conditions in which women give birth. The delivery room is equipped with two uncomfortable beds. During the rainy season, due to the defective roof of the CSI, only one delivery bed can be used. Health personnel reported giving birth in the rain is a major risk for mother and child, especially since no emergency obstetric care or neonatal services are available.

“

« We have already had childbirths where we were wet at the same time as the woman giving birth. »
Testimony from a midwife

”

In Kingoue

Located a few kilometers from Zabata, the conditions of the Kingoué CSI are just as deplorable. This center has a maternity ward equipped with a single delivery bed. As in other maternity wards visited, births take place there in precarious conditions due to insufficient equipment. The lack of electricity or lighting in the delivery suite constitutes a significant challenge, particularly for nighttime deliveries. In addition, the sleeping suite is equipped with unsuitable beds to ensure the comfort and safety of the mother and her child.

In Sembé

The Sangha department is not immune to the deplorable situation of Integrated Health Centers (CSI). At the Sembé integrated health center, the delivery unit has only two beds, which are now in poor condition. The room dedicated to the post-partum period is equipped with two wooden beds, unsuitable for the needs of women after childbirth. Monitoring pregnant women is possible, but only when they present at the start of their pregnancy, which is not always the case. In addition, the center does not have an ultrasound machine, which constitutes another vital limitation for prenatal care.

To Elogo

The Elogo health post is in an advanced state of disrepair. The delivery room is equipped with an unsuitable bed, and there is no room dedicated to postpartum areas. After giving birth, women are placed in general hospitalization rooms, which accommodate patients of all categories and are only equipped with wooden beds. The post does not have a midwife, forcing women to go to the Integrated Health Center (CSI) in Souanké, located several kilometers away, to monitor their pregnancy. Matrons' traditional birth attendants carry out deliveries.

The women of this locality also express concerns about the healthcare staff. The male predominance and the absence of midwives make specific sensitive discussions difficult, particularly those related to deliveries at the health center. As a result, access to health care for women remains particularly complicated.





Difficulty of access to family planning program

In the localities mentioned, more than half of women have not received adequate information about their sexual and reproductive health rights, such as the right to lead a safe and freely chosen sexual life or to access family planning services. As a result, the family planning program remains largely unknown to a large number of women. Of the 105 women interviewed during community meetings, at least 75 said they were not sufficiently informed on this subject. Often subject to traditional pressures that deny them the right to dispose of their bodies freely, these women adhere to the idea that "the woman's body belongs to the man." As a result, even those who are informed about family planning generally do not use it.

In Kolo

In this village, the only known form of contraception is the condom, which is not unanimously accepted in households. According to the women interviewed, men believe that contraception is contrary to the values of the locality, claiming that children represent wealth. Women must, therefore, respond to this desire to carry pregnancies at the risk of their own lives. During our discussions at the CSI, health personnel testified that they had received a couple who were confronted with improper handling of the condom, as it had remained stuck in the woman's body. This case, among many others, had repercussions on the family planning program, which is already not effective in the locality.

“

« I'm 19 years old, I'm a mother of 2 children, and I've never heard of family planning, so I don't know how to space pregnancies ». Testimony of Wisdom, a young single mother living in Kolo

“It takes money to buy pills, but we can't even afford it.” Testimony of a young mother of 7 young children, 5 months pregnant

”

To Elogo

At the health post, there is no emphasis on family planning. The rare times women heard about it were during trips to other localities, such as Sémbé or Souanké. There is no space dedicated to sexual and reproductive health, and no specific initiative on family planning is carried out in this village. Women admitted to using traditional methods, such as drinking herbal teas, to avoid pregnancy after unprotected sex or to induce an abortion.

To Kinkala

branch at the reference hospital and a midwife within the CSI, whose mission is to inform women about family planning issues. Here, the blocking point of access to family planning is the centralization of medical services. It should be noted that the base hospital and the CSI are located in the same place and are, therefore, far from the neighborhoods and villages beyond central Kinkala.

« I don't go to family planning meetings because it's too far from home, » Testimony of a daughter's mother.



KOLO CSI reception room



Violence done to women and lack of understanding of their rights

Violence against women remains a taboo subject. In these localities where tradition remains predominant, women regularly experience domestic violence throughout their lives. Physical, sexual, or psychological attacks are often minimized and become an integral part of the daily lives of women who receive no help. In most cases, victims prefer to remain silent, fearing that denouncing any violation will expose them to the stigmatizing judgment of society. This silence thus becomes a golden rule to preserve the honor and dignity of families.

“
« My husband forces me to have sex, and when I refuse, he hits me because I don't have the right to say no to him
.» Testifies a young girl mother of 7 children.
”

Furthermore, ignorance of rights aggravates the situation. In these rural areas, women have limited access to formal education, preventing them from acquiring the knowledge needed to understand and defend their rights. Current cultural traditions and norms reinforce rigid gender roles, perpetuating the idea that women should not claim certain rights or that they are inferior to men.

It is also essential to highlight the underrepresentation of women in decision-making bodies, both local and national, which limits their ability to influence policies directly affecting their rights. Economic dependence on men or the community often deters women from asserting their rights for fear of reprisals or loss of essential support. Finally, there is often a lack of awareness programs on legal means of protecting women's rights. These programs must be designed with rural women to address the specific problems of each community and contribute to improving knowledge and means of non-violent legal action to defend and protect their rights.



Delivery room of the health center dE logo

Community health mutuals

: local initiatives to resolve the problem of access to health care



Mama Télama, a solidarity initiative to strengthen access to care in Goma tsé-tsé

Since July 2023, the Kaani Association has been supporting the women of Goma Tsé-tsé in setting up a community health mutual. This initiative tends to extend to other localities as a local solution to respond to the difficulties that women encounter regarding medical care.

In the other localities where the Kaani association currently works, the idea of mutual health insurance is appreciated by the communities, and the women met say they are ready to set up a community health mutual health insurance. The mutual health insurance is based on the following model:

What is a community health mutual?

A mutual health insurance company is a non-profit association based on the principles of solidarity and mutual aid between individuals who join it freely and voluntarily.

Why a community health mutual?

Community health mutuals are a powerful way to ensure access to health care for all, particularly in rural and marginalized areas where formal health systems may be limited or non-existent. These mutual societies allow communities to organize themselves to share the financial risks linked to health care, thus reducing the financial burden on individuals in the event of illness.



Community meeting in GOMA TSETSE



Importance of Community Health Mutuals

Community health mutuals are health insurance systems managed by and for community members. They allow you to:

- Reduce financial barriers to access to care by sharing costs between members.
- Strengthen the local health system by collaborating with existing health structures.
- Promoting community empowerment by involving them directly in management and decision-making regarding their health.

Benefits of Community Health Mutuels



1. Improving Access to Health Care

- Mutuels allow members to access essential health services without fear of excessive costs.
- They encourage proactive use of health services, leading to better disease prevention and management.

2. Financial Protection

- By pooling contributions, mutual societies reduce the financial impact of unforeseen health expenses on households.
- They help to reduce debt and poverty linked to medical costs.

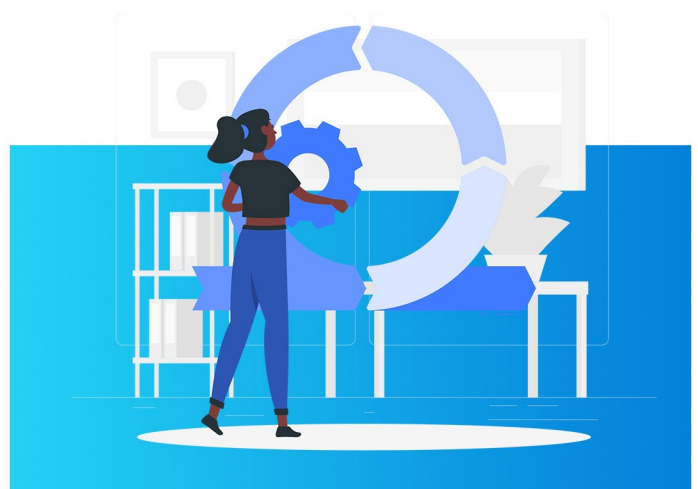


3. Strengthening Social Cohesion

- Collective participation strengthens community ties and promotes a culture of solidarity and mutual aid.
- They encourage collective responsibility for the health and well-being of all members of the

4. Contribution to Sustainable Development

Community health mutuels are directly aligned with several SDGs, including:



1 PAS DE PAUVRETÉ



1. SDG 1: Eradication of poverty

Mutual insurance protects households against catastrophic health expenses, thus reducing poverty linked to illness.

3 BONNE SANTÉ ET BIEN-ÊTRE



2. SDG 3: Good health and well-being

By facilitating access to affordable health care, mutual insurance companies contribute to improving health indicators and reducing avoidable mortality.

10 INÉGALITÉS RÉDUITES



3. SDG 10: Reduction of inequalities

Mutual insurance companies reduce health inequalities by providing coverage to populations often excluded from traditional insurance systems.

17 PARTENARIATS POUR LA RÉALISATION DES OBJECTIFS



4. SDG 17: Partnerships to achieve the goals

Mutuals promote partnerships between communities, governments, NGOs, and international actors for more inclusive health coverage.



Discussion with the women of Bamboma

A photograph of a delivery room. The room has light blue tiled walls and a large window with a metal frame. A medical table with black padding is positioned in the center. To the left, there is a small table with a lamp. To the right, there is a metal stand with a red bag hanging from it. The floor is made of large, light-colored tiles.

What are the objectives of community health mutual insurance?

Its main objective is to carry out, through members' contributions and for their benefit, welfare actions in the field of health. Members define the objectives, organizational arrangements, and activities of their mutual and participate in its operation. They pay contributions that are not linked to their risk of getting sick. Thanks to contributions, the mutual guarantees its members the payment (or reimbursement) of all or part of the cost of their health care. These are provided by providers with whom the mutual has most often concluded agreements relating, among other things, to the prices and quality of care.



Basic principles of mutual health insurance

Mutual health insurance constitutes an essential component of the social economy. They operate on the basis of a certain number of fundamental principles.

Solidarity.

The principle of solidarity is the foundation of mutuality. Its implications are twofold:

- Each member pays a contribution which is independent of their risk of falling ill. The amount of the contribution is not determined by the age, sex, or state of health of the member;
- Everyone benefits from the same services in the event of illness for the same level of contribution.

Democratic and participatory operation

Everyone is free to join a mutual fund without racial, ethnic, sexual, religious, social, or political discrimination. All members have the same rights and obligations. They have, among other things, the right to participate, directly or indirectly, in the various decision-making bodies.

Autonomy and freedom while respecting the laws

A mutual is a free organization that must, therefore, be able to make decisions without seeking approval from public authorities. This flexibility in action is beneficial for members because it allows them to adapt the services offered to their needs. A mutual must not be autonomous only from the State but also from political parties and pressure groups, which sometimes defend interests contrary to those of the members.

Non-profit

By vocation, a mutual dedicates its action to the service of its members. It does not pursue a profit motive. The pursuit of profit is incompatible with its nature.

Personal development

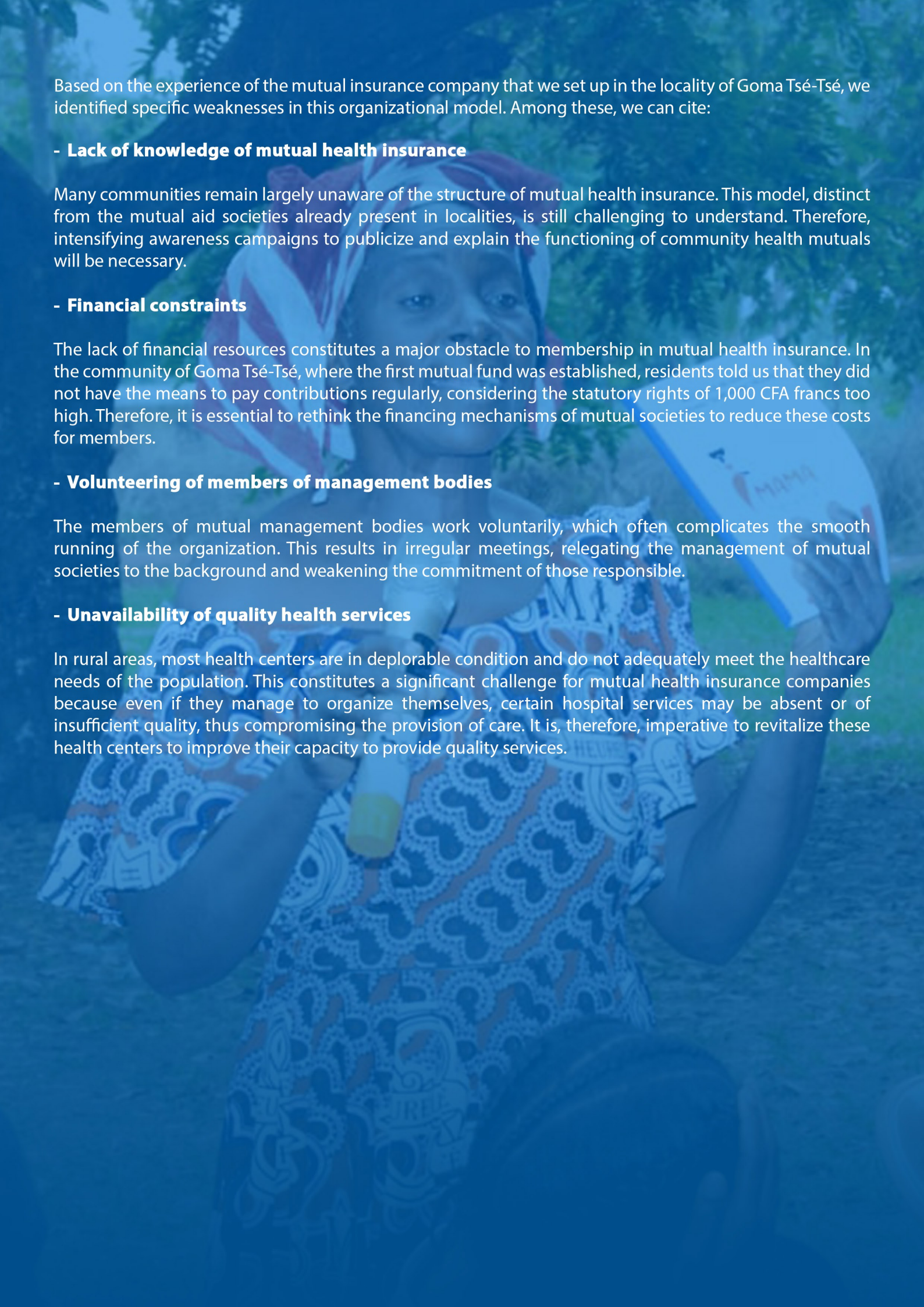
Respect for the dignity of the person in all its dimensions, whatever their gender, race, ethnicity, or social origin, is another fundamental principle of mutuality. Recognizing the originality of each person, the search for personal development must result in greater autonomy and responsibility towards oneself and others.

Dynamics of a social movement

From all of the above, it follows that members of mutual societies are not passive “consumers,” but people engaged in a process of individual and collective development. They are members of a social movement, that is to say, a group of people whose aim is the defense of well-being and shared interests.

Weaknesses of community health mutuals



A woman wearing a vibrant, multi-colored patterned dress and a matching headscarf is the central figure. She is holding a white book with a red logo and the word 'MAMA' in red letters. In her right hand, she holds a yellow marker. She is standing outdoors with green foliage in the background. The entire image is overlaid with a semi-transparent blue filter.

Based on the experience of the mutual insurance company that we set up in the locality of Goma Tsé-Tsé, we identified specific weaknesses in this organizational model. Among these, we can cite:

- Lack of knowledge of mutual health insurance

Many communities remain largely unaware of the structure of mutual health insurance. This model, distinct from the mutual aid societies already present in localities, is still challenging to understand. Therefore, intensifying awareness campaigns to publicize and explain the functioning of community health mutuals will be necessary.

- Financial constraints

The lack of financial resources constitutes a major obstacle to membership in mutual health insurance. In the community of Goma Tsé-Tsé, where the first mutual fund was established, residents told us that they did not have the means to pay contributions regularly, considering the statutory rights of 1,000 CFA francs too high. Therefore, it is essential to rethink the financing mechanisms of mutual societies to reduce these costs for members.

- Volunteering of members of management bodies

The members of mutual management bodies work voluntarily, which often complicates the smooth running of the organization. This results in irregular meetings, relegating the management of mutual societies to the background and weakening the commitment of those responsible.

- Unavailability of quality health services

In rural areas, most health centers are in deplorable condition and do not adequately meet the healthcare needs of the population. This constitutes a significant challenge for mutual health insurance companies because even if they manage to organize themselves, certain hospital services may be absent or of insufficient quality, thus compromising the provision of care. It is, therefore, imperative to revitalize these health centers to improve their capacity to provide quality services.

RECOMMENDATIONS





**IMPROVED CONDITIONS FOR
ACCESS TO HEALTHCARE**

TO LOCAL AUTHORITIES

FORMATION

Work to train community health relays.

SUPPORT FOR YOUNG MOTHERS: Help with Creation of support groups for young mothers, particularly for adolescent girls,

ADVICE AND PSYCHOLOGICAL SUPPORT FOR MOTHERS: Help set up groups of counseling to help mothers cope with the emotional challenges of pregnancy and childbirth, as well as the stress of raising children.

TO GOVERNMENT INSTITUTIONS

ESTABLISHMENT OF LOCAL HEALTH CENTERS: Create local health posts in rural areas to provide prenatal, postnatal, and pediatric care.
Rehabilitated existing health centers and posts.

TRAINING OF HEALTH PERSONNEL: Train skilled midwives and nurses, as well as community health workers who can respond to local needs.

EQUIPPING HEALTH CENTERS: Ensure that centers are well equipped with essential medical supplies (medications, neonatal resuscitation equipment, emergency medical transport, etc.).

AWARENESS PROGRAMS: Implement educational campaigns on the importance of prenatal care, breastfeeding, nutrition, and family planning.

STRENGTHEN DATA COLLECTION AND ANALYSIS: Improve data collection on maternal and child health to target interventions better.

TO INTERNATIONAL INSTITUTIONS

STRENGTHENING LOCAL HEALTH SYSTEMS: Encourage initiatives that aim to improve local health infrastructure and develop the skills of health professionals in rural and disadvantaged areas.

SUSTAINABLE AND EQUITABLE FINANCING: Increase investments in health systems by ensuring equitable and sustainable financing for essential health services in rural areas.

PROMOTION OF PREVENTIVE HEALTH AND HEALTH EDUCATION: Ensure access to health education for all, particularly for women, who play a crucial role in managing the health of families and communities.

PLAIDOYER ET COLLABORATION INTERNATIONALE : Foster ongoing dialogue between governments, non-governmental organizations, international institutions, and local communities to share best practices and coordinate efforts



SUPPORT FOR THE ESTABLISHMENT OF COMMUNITY HEALTH MUTUALS

TO LOCAL AUTHORITIES

AWARENESS AND PROMOTION Local authorities can play a key role in raising community awareness of the importance of mutual health insurance and encouraging their membership.adhésion.

PARTNERSHIPS AND COLLABORATION: Encourage partnerships between mutual health insurance companies, non-governmental organizations (NGOs), and health institutions to maximize the impact of community health initiatives.

TO GOVERNMENT INSTITUTIONS

ADVOCACY AND AWARENESS: Integrate community health mutuals into development strategies and public health initiatives in Congo.

AWARENESS CAMPAIGNS: Organize campaigns to inform communities about the benefits of mutual insurance and encourage their participation.

PUBLIC-PRIVATE PARTNERSHIPS: encourage partnerships with NGOs, international organizations, and the private sector to support the establishment and development of mutual societies

TO INTERNATIONAL INSTITUTIONS

ADVOCACY AND AWARENESS: Integrate community health mutuals into development strategies and public health initiatives in Congo.

TECHNICAL AND FINANCIAL SUPPORT: Provide technical support for the development, management, and evaluation of community health mutuals.
Facilitate access to international funding to support the strengthening and establishment of these mutual health societies.

CAPACITY BUILDING: Collaborate with national governments to train local executives in mutual management. Organize exchanges of good practices and regional workshops to promote mutual learning between countries.

INTEGRATION INTO PUBLIC POLICIES: Encourage governments to integrate community health insurance into their national health policies.
Support the development of legal and regulatory frameworks favorable to the creation and development of mutual societies.

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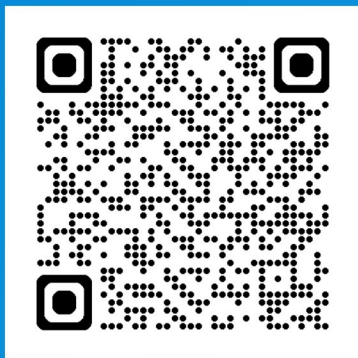
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